| Interview Summary | Application No. | Applicant(s) |
|--|---|--|
| | 09/746,921 | THORNE ET AL. |
| | Examiner | Art Unit |
| | Jon P. Weber, Ph.D. | 1651 |
| All participants (applicant, applicant's representative, F | PTO personnel): | |
| (1) Jon P Weber, Ph.D. | (3) | |
| (2) <u>Tim Scott</u> | (4) | |
| Date of Interview: 01 April 2002. | | |
| Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applican | ıt 2)∏ applicant's represer | itative] |
| Exhibit shown or demonstration conducted: d)⊠ Yes If Yes, brief description: <i>Faxed copy of Restriction</i> | | |
| Claim(s) discussed: <u>none</u> . | | |
| Identification of prior art discussed: none | | |
| Agreement with respect to the claims f)∑ was reach | ed. g) was not reached. | h) N/A. |
| Substance of Interview including description of the generached, or any other comments. <u>The non-responsive fide. It should have been sent as bona fide. According begin 14 Feb 2002, and not continue running from the Applicant still has one month to reply to that letter which</u> | letter mailed 14 Feb 2002, w y, the response period to repl date of mailing of the Restrict | as inadvertently sent as non-bona y to that letter is hereby reset to ion Election of 01 Nov 2001. |
| (A fuller description, if necessary, and a copy of the an allowable, if available, must be attached. Also, where allowable is available, a summary thereof must be atta | no copy of the amendments th | er agreed would render the claims nat would render the claims |
| i) It is not necessary for applicant to provide checked). | a separate record of the subs | stance of the interview(if box is |
| Unless the paragraph above has been checked, THE FMUST INCLUDE THE SUBSTANCE OF THE INTERVaction has already been filed, APPLICANT IS GIVEN (STATEMENT OF THE SUBSTANCE OF THE INTERV | IEW (See MPEP Section 71: ONE MONTH FROM THIS IN | 3.04). If a reply to the last Office FERVIEW DATE TO FILE A |

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

reverse side or on attached sheet.

Examiner's signature, if required